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UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES 2020 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, a	and Employees	LEDALATAR ASSOCIATION OF THE PROPERTY OF THE P	TELLIVENE ACSOURCE CENTER 1021 AUG -2 PH IO: 01 M/
Name:	Donglas Llamborn	Daytime Telephone:	ohone:	->	City (City City City City City City City City	Conice Use Unity) Conice Use Unity) Conice Use Unity A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER	Member of the U.S. State: House of Representatives District.	20	Officer or Employee	or Employing Office: /ee	Staff FI	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT	2020 Annual (Due: Mey 17, 2021)	Amendment		Termination Date of Termination:	ration:	
PRELIMINA	PRELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS				
A. Did you, you a. Own ary end of the b. Receive n asset duri	Did you, your spouse, or your dependent child: a. Own ery reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Ves No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ortable agreement or arm reporting period or in the of filing?		ON See
B. Did you, you exchange any exceeding \$1,0	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No L	G: Did you, your spouse, or your depreportable gift(s) totaling more than source during the reporting period?	or your dependent child receive any more than \$415 in value from a single ing period?		Yes No X
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	or your dependent child ursements for travel totali le source during the repo	3 = -	Yes No
D. Did you, you liability (more t	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	xganization make a donation to charity in speech, appearance, or article during the		Yes No K
E. Did you hok in the current o	E. Did you held any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	8	RRESPONDING SCHEDULE IF YOU ANSWER "YES"	CHEDULE IF Y	OU ANSWER "YE
IPO AND E	EXCLUSION OF SPOUSE, DEPENDENT,	NT, OR TRUST INFORMATION	- AN	SWER <u>EACH</u> OF THESE QUESTIONS	THESE QUE	STIONS
IPO Did you contact the Co	IPO → Did you purchase any sharas that were allocated as a part of an ir contact the Committee on Ethics for further guidance.	as a part of an Inkial Public Offering during the reporting period? If you answered "yes" to this question, please	reporting period? If you am	swered "yes" to this ques	_	Y₀₀ □ № X
TRUSTS - De from this repor	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?		and certain other "excepted trusts" nee	ed not be disclosed. Have you excluded		Yes No X
EXEMPTION - all three tests	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	earned" income, transactions, onsulted with the Committee	of a spouse or	your dependent child because they meet		Yes No X

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? b	4	meritrade	Amerit- ade	Ameritade margin excl	W	L	*	50	For bank and other cesh accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every flamous instances in more than \$1,000 in interest-bearing accounts. If the total is over \$6,000, list every flamous instances or description, e.g., 'rental property,' and a city and state. For rental and other real property held business that is not publicly traded, at patrately-held business that not property," and a city and state. For an ownership instance of its activities, and its padgraphic tocolors in the nature of its activities, and its padgraphic tocolors in Block A. Exchange: Your personal residence, including second tenses and vaccified homes and exclusive homes from, a federal tenses of various homes and exclusive homes fellow, and the service in the center of the Berkhag Plano, including the Thrift Serving Plano tenses or income outring the reporting periodic and that is an Excepted income outring in presently-instance deviced from, a federal retirement program, including the Thrift Serving Plano, income source is that of your apouse (SP) or department child (DC), or justify held with anyone (JP), in the optional ordans on the far lest. You so othoose, you may indicate that an asset or income source is that of your apouse (SP) or department child (DC), or justify held with anyone (JP), in the optional ordans on the far lest. For a described decustor of Schedules A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 4010:) Diams) provide the value for each asset hald in	Provide complete names of stocks and mustel funds (do not use only ticker symbols).	Yes.	and (b) any other reportable asset or source of incom-	exceeding \$1,000 at the end of the reporting period.	Assets and/or income Sources	ı	<u> </u>
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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE A - ASSETS & " UNEARNED

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SCHEDULE A - ASSETS & " UNEARNED	
Name: Daugles L. Lemborn	
Page 6 of (2	

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Name: Dougles Le Lembern

SCHEDULE A - ASSETS & " UNEARNED

Page 7 of (2

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SCHEDOLE D - IRANSAC RONS					₽	Name: Dongla	ی	las	i,	A	emborn	ş	Page	98	9	2
Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the	Typ	Type of Transaction	nsaction			Date				Ame	unt of	Irans	Amount of Transaction			
departing person or any security or rest property rest by you, you syndrag, or your department of the production of income include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction Exclude transactions between you, your spouse, or department children, or the purchase or sale of your personal nationous, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.					aptal Gan Exception	(MODAYR) or Quarterly,	>					"		<u> </u>	- 	
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SCHEDULE B - TRANSACTIONS

Name: Douglas L. Lamborn

Page 10 of 12

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			(Net App. Inc. stock	Exemple Mega Corp. Stock	SP, DC JI Asset	Capital Geins: If a sake bransection resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the deptial gain income on Schedule A. *Column K is for assets salety held by your accuse or dependent child.	Extender the memory is territory for, your spotter, it impreses consert, or the purchase or ease of your personal residence, unless it generated restal income. If only a portion of an ease is sold, please choose 'peries sale' as the type of transaction	dependent child for investment or the production of income, include transactions that measures the measures of an exchange transaction measured in a capital loss. Provide a brief description of an exchange transaction	Report any punchase, asis, or suchangs transactions that exceeded \$1,000 in the reporting period of any security or real property half by you, your spouse, or your
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SCHEDULE C - EARNED INCOME

Name: Douglas L. Lamborn Page 11 of 12

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honorana; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,585, in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

III addition, certain	iii awiiion, ceitan yhda oi iindina (indiaoy nororana, direktor a tees, and paymens to protessional services myoning a tiduciary relia	y relationship) are totally prohibited.	
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		and complance	
	Lamborn Acres, LLC	Form sales	#5,939
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Name: Dougles Lelemborn

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report at liabilities secured by real property including mertgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liabe); and isabilities of a business in which you own an interest (unless you are personally liabe); and isabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving sharge account (i.e., credit eard) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

		U	45		DC. 37		
		%	1 ma	Example			
	ď	Wells Favor	Ameritade	First Bank of Wilmington, DE	Creditor		
		10/19	5/11	5/20	Date Liability incurred MO/YR		
		Line of credit	Mannest	Mongage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
		Ţ	\boxtimes		\$16,001- \$50,000		
					\$50,001- \$100,000	n	
		X		×	\$100,001- \$250,000	9	
					\$250,901- \$500,000	m	Amount of Liability
					\$600,001- \$1,000,000	71	of Li
					\$1,000,001- \$5,000,000	6	yillide Villide
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	-	
					Over \$1,000,000* (Spouse/DC	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, is bot organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political e	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization